



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 08/05/13

IRO CASE #:

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Texas-licensed M.D., board certified in Orthopedic Surgery

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ACDF @ C 6/7 w/interbody cage and allograft.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld** (Agree)
 Overtured (Disagree)
 Partially Overtured (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overtured</i>
722.0	22551		Prosp				Xx/xx/xx		Upheld
722.0	20931		Prosp.				Xx/xx/xx		Upheld
722.0	22851		Prosp.				Xx/xx/xx		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. case assignment.
2. Letter of denial 06/10/13 and 05/03/13, including rationale and criteria used in the denial.
3. H&P 04/02/13.
4. Operative report 04/03/13 (anterior cervical discectomy and fusion @ C 6/7). Discharge summary 04/04/13.
5. Treating doctor's evaluations and follow up 04/10/12 – 04/18/13.
6. Radiology reports 02/15/13 and 01/02/12 – 10/30/12.

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a male who suffered an injury on xx/xx/xx when he fell landing on his head and back. He fell a distance of approximately six feet. Subsequently, approximately one year after the fall, the claimant was complaining of right arm pain. He underwent a cervical MRI scan, which apparently revealed degenerative disc disease with potential disc protrusions at level C5-C6 and C6-C7. Treatment is not documented during this time frame. Subsequently, he developed prolonged and persistent right arm pain. He was treated with hydrocodone. Other methods of treatment included activity modification and cervical facet joint and nerve blocks. It is stated that he received other forms of conventional non-operative treatment; however, there is no accurate medical documentation.

The medical documentation reports right arm pain. There is no clear documentation of sensory or motor changes, and an EMG and nerve conduction study was reported to have revealed mononeuropathy without clear radicular changes. The claimant underwent an attempt to achieve an anterior cervical discectomy and fusion at level C6-C7 on 04/03/13; excessive blood loss at the time of the surgical exposure prevented the surgical procedure from being completed. The request to obtain pre-authorization for a cervical discectomy and fusion at the level C6-C7 was submitted and denied. It was reconsidered and denied.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The medical record documentation is not clear on symptoms occurring in temporal proximity to the fall of xx/xx/xx. There is lack of documentation of reflex changes and motor and sensory changes that would allow for the diagnosis of cervical radiculopathy. The clinical criteria to achieve pre-authorization for anterior cervical discectomy and fusion requires medical documentation of radiculopathy coordinated with the level at which the herniated nucleus pulposus has been documented. EMG and nerve conduction studies are not mandatory, however, they are confirmatory. Non-operative conservative treatment should be extensive and should precede the pre-authorization. These elements of criteria have not been met.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase
- AHCPR-Agency for Healthcare Research & Quality Guidelines
- DWC-Division of Workers' Compensation Policies or Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office Disability Guidelines & Treatment Guidelines
- Pressley Reed, The Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer-reviewed, nationally accepted medical literature (Provide a Description):
- Other evidence-based, scientifically valid, outcome-focused guidelines (Provide a Description)